



Your Touchstone Energy® Cooperative   
 PO Box 368 Fall Creek, WI 54742-0368  
 715-832-1603 • 800-927-5090  
 www.ecec.com

## Distributed Energy Resource Application Form

Refer to the Distributed Energy Resource Fees at [www.ecec.com/der\\_fee](http://www.ecec.com/der_fee) for the fees applicable to your application

### 1. Contact Information – The applicant is the party that is legally responsible for the generating system

Applicant's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Applicant's Mailing Address:

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

#### Emergency Contact Numbers for Responsible Party

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Weekend Phone: \_\_\_\_\_

### 2. Location of the Generation System

Street Address:

Latitude – Longitude (optional): \_\_\_\_\_ County: \_\_\_\_\_  
 (i.e., 49° 32' 06" N – 91° 64' 18" W)

### 3. Electric Service Account Number

\_\_\_\_\_ o Single Phase o Three Phase

### 4. Applicant's Ownership interest in the Generation System

Owner  Co-owner  Lease  Other

If co-owner or leased, list other parties involved: \_\_\_\_\_

### 5. Primary Intent of the Generation System

Onsite use of power, or net energy billing  Commercial power sales

### 6. Electricity Use, Production and Purchases

- a. Anticipated annual electricity consumption of the facility or site: \_\_\_\_\_(kWh)/yr
- b. Anticipated annual electricity production of the generation system: \_\_\_\_\_(kWh)/yr
- c. Anticipated annual electricity purchased (i.e., (a) – (b)) \_\_\_\_\_(kWh)/yr\*

\*Value will be negative if there are net sales to the cooperative

### 7. Installing Contractor Information

Contractor's Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Contractors Mailing Address:

### 8. Requested In-Service Date

\_\_\_\_\_

### 9. Provide One-Line Schematic Diagram of the System

Schematic is Attached

Number of Pages: \_\_\_\_\_

### 10. Generator/Inverter Information

Manufacturer: \_\_\_\_\_ Model Number: \_\_\_\_\_

Version Number: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Generation Type (select one)     Single Phase             Three Phase

Generation Type (select one)     Synchronous     Induction     Inverter     Other: \_\_\_\_\_

Name Plate AC Ratings (select one)  \_\_\_\_\_ kW     \_\_\_\_\_ kVa    Operating Voltage: \_\_\_\_\_ volts

Primary Energy Source     Wind             Solar             Biomass             Manure Digester             Other

**Note: If there is more than one generator and/or inverter, attach an addition sheet describing each.**

### 11. Site Plan Showing Location of Lockable External Disconnect Switch (attach additional sheets as needed)

Site Plan is Attached

### 12. Battery Information (if applicable)

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

Technology (e.g., Li-on, lead acid, etc.): \_\_\_\_\_ Operating Voltage: \_\_\_\_\_

AC Power (kW): \_\_\_\_\_ Capacity (kWh): \_\_\_\_\_ Duration (hours): \_\_\_\_\_

Rated Amperes: \_\_\_\_\_ AC Roundtrip Efficiency: \_\_\_\_\_

**13. Liability Insurance**

Carrier: \_\_\_\_\_ Limits: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

With this application, the applicant agrees to provide a certificate of insurance verifying a policy that meets the following requirements: Policy limits shall be a minimum of \$300,000 if the system is < 40 kW, \$1,000,000 if the system is 40-200 kW, \$2,000,000 if the system is 200 kW-1 MW, and \$3,000,000 if the system is 1 MW-15 MW

**14. Design Requirements**

- a. Does the proposed distributed generation paralleling equipment meet the testing requirements of UL1741 as stated in PSC 119.26?
  - Yes
  - No

If not certified, you will need to provide the cooperative with an engineering design showing that the installation meets the design requirements of the cooperative.

**For item 14(a), if your answer is yes, please furnish details (e.g., copies of manufacturer’s specifications), which must include IEEE and UL certifications. If you do not know the answer, it is recommended you contact the equipment manufacturer for the answer and provide the same documentation with the completed application.**

**15. Other Comments, Specification and Exceptions (attach additional sheets if needed)**

**16. Applicant and Installer Signature**

**To the best of my knowledge, all the information provided in this Application Form is complete and correct.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Installer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INTERNAL USE ONLY**

Application Payment Received By: \_\_\_\_\_ Invoice: \_\_\_\_\_

Date: \_\_\_\_\_